MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/531300 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10			c	c				60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75			c	c		
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93			c	c		
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.		⬇	8	⬇		⬇		**TOTAL IND.**		⬇		⬇		⬇
TOTAL DEP.		⬅	23	⬅		⬅		**TOTAL DEP.**		⬅		⬅		⬅
TOTAL CLAIMS			31					**TOTAL CLAIMS**						